State of Indiana Employee Plan Information

Name of medical plan : Consumer Driven Health Plan 1 (CDHP 1)

Type of medical plan: HDHP with HSA Plan Year: 1/1/2012 - 12/31/2012

Is the plan fully insured or self insured: Self Insured

		Annu	al Employer		
	No. of Enrollees	Co	ntribution	Total Annual Cost	
Employee Only Coverage	7264	\$	3,987.10	\$	28,962,294.40
Employee + 1				\$	=
Employee + Spouse				\$	=
Employee + Spouse + 1 child				\$	=
Family	12438	\$	12,555.92	\$	156,170,532.96
		Total Emp	loyer Plan Cost	\$	185,132,827.36

Name of medical plan : Consumer Driven Health Plan 2 (CDHP 2)

Type of medical plan: HDHP with HSA Plan Year: 1/1/2012 - 12/31/2012

Is the plan fully insured or self insured: Self Insured

		Annual Employer			
	No. of Enrollees	Contribution		Total Annual Cost	
Employee Only Coverage	1865	\$ 4,436.3	38 \$	8,273,848.70	
Employee + 1			\$	-	
Employee + Spouse			\$	-	
Employee + Spouse + 1 child			\$	-	
Family	2514	\$ 13,457.6	30 \$	33,832,406.40	
		Total Employer Plan Cost	\$	42,106,255.10	

Name of medical plan : Traditional PPO

Type of medical plan: PPO Plan Year: 1/1/2012 - 12/31/2012

Is the plan fully insured or self insured: Self Insured

		Annual Employer			
	No. of Enrollees	Contribution		Total Annual Cost	
Employee Only Coverage	1501	\$ 5,110.30	\$	7,670,560.30	
Employee + 1			\$	-	
Employee + Spouse			\$	-	
Employee + Spouse + 1 child			\$	-	
Family	702	\$ 14,805.44	\$	10,393,418.88	
		Total Employer Plan Cost	\$	18.063.979.18	

	Total number of health insurance eligible employees including Board members		
1	and legal counsel		30,071
	Are all individuals insured under the state's employee health coverage eligible		,
2	for the same plans?		Υ
	If your answer is"N", please explain how your practice comports with IC 20-26-		
2a	17-5(4)(A).		
	How many employees receive compensation for electing not to enroll in the		
3	group health insurance program?		0
	What is the annual dollar amount paid to employees that elect not to enroll in		
4	the group health insurance program?	\$	-
	Additional compensation, if any, provided to member(s) to offset the cost of		
5	health care coverage?	\$	-
5a	Please provide an explanation of any arrangement		
6	Does the State offer/sponsor an on-site clinic?		N
6a	If so, is it funded outside the health plan?		
	If funded outside of the health plan, what is the annual dollar amount spent on		
6b	the on-site clinic:		
	Total number of employees including Board members and legal counsel		
7	enrolled in your health plans		26,284
	Total Employer Contribution to all Health Plans (sum of "Total Employer Plan		
Q	Cost" from Section 2 for all health plans offered by the State)	\$	245,303,061.64
0	cost from Section 2 for all fleath plans offered by the State)	Ψ	243,303,001.04
	Total annual employer contributions for all participants to a Health Savings		
	Account (HSA), Health Reimbursement Account (HRA), Medical Flexible		
9	Spending Account (FSA), or Active VEBA	\$	40,783,785.12
	Total Broker or Benefit Consultant fees paid if they are not included in the		· · · · · · · · · · · · · · · · · · ·
10	premium.	\$	-
	Sum of line 8-10	\$	286,086,846.76
	State's Average Employer Cost Per Employee Per Year (line 11/line 7)	\$	10,884.45